

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                              | 10579007   |          |        |                      |
|---|--|----------|--------|----------------------|
| <b>Filing Date:</b>                                     | 19-Oct-2006                                      |          |        |                      |
| <b>Title of Invention:</b>                              | System for treating and preventing breast cancer |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>             | Dennis L. Panicali                               |          |        |                      |
| <b>Filer:</b>   | Rachel Jean Mejdrich/Jacquelyn Hurd              |          |        |                      |
| <b>Attorney Docket Number:</b>                          | 701278   |          |        |                      |
| Filed as Large Entity                                   |  |          |        |                      |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |  |          |        |                      |
| Description   | Fee Code   | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                    |  |          |        |                      |
| <b>Pages:</b>   |  |          |        |                      |
| <b>Claims:</b>  |  |          |        |                      |
| <b>Miscellaneous-Filing:</b>                            |  |          |        |                      |
| <b>Petition:</b>  |  |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>                 |  |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>                |  |          |        |                      |
| <b>Extension-of-Time:</b>                               |  |          |        |                      |
| Extension - 3 months with \$0 paid                      | 1253   | 1        | 1270   | 1270                 |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Miscellaneous:                    |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 930    | 930                  |
| Total in USD (\$)                 |          |          |        | 2200                 |